



P.O. Box 209 | 6 East Pennsylvania Avenue
Lovettsville, VA 20180
(540) 822-5788

Preliminary and Final Subdivision Plat Application

(Subdivision Ordinance, Secs. 2.7 and 2.9)

Property Owner's Name: _____

Address (Mailing) _____ E-Mail: _____

Town/City: _____ State: _____ Zip: _____

Telephone: Work _____ Mobile _____ Fax _____

Applicant/Representative Name (if different than Property Owner):

Address (Mailing) _____ E-Mail: _____

Town/City: _____ State: _____ Zip: _____

Telephone: Work _____ Mobile _____ Fax _____

Property Information:

Street Address (if applicable):

PIN (Property Identification Number):

Zoning District (e. g., C-1):

Name of Project (if applicable):

Type of Application

Preliminary subdivision plat: ____ (check)

Final subdivision plat: ____ (check)

I hereby certify that 1) I am the property owner and this application in all its parts is complete, correct and in compliance with the applicable Town of Lovettsville Ordinance submission requirements (Subdivision Ordinance, Sec. 2.7.9 or 2.9.8), to the best of my knowledge, and 2) I am responsible for all engineering, legal, zoning and planning review fees incurred by the Town in connection with the review of this application, and 3) I agree that all outstanding debts owed to the Town of Lovettsville and Loudoun County regarding the subject property must be paid prior to filing this application.

1) _____ 1) _____

2) _____ 2) _____

Signature of Property Owner(s) or Representative/Printed Name of Property Owner(s) or Representative **Date**

(Attach sheet for additional names)

-----Office Use Only-----

Date Application Received _____ Date on Drawings _____ Application Complete _____ Application Fee Paid _____ Real Estate

Taxes Paid _____ Loudoun County Personal Property Taxes Paid _____ All Fees Owed to Town Have Been Paid _____